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| <h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="font-size: small; margin: 5px 0;">(to be used for all correspondence after initial filing)</p> | Application Number | 10/775,953 |
| | Filing Date | February 9, 2004 |
| | First Named Inventor | Robert W. BROCIA |
| | Art Unit | 1657 |
| | Examiner Name | R. Gitomer |
| | Attorney Docket Number | 527832000420 |
| Total Number of Pages in This Submission | | 4 |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (3 pages) <div style="margin-left: 20px;"><input checked="" type="checkbox"/> After Final</div> <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <div style="margin-left: 20px;"><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53</div> | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">Remarks</div> <div style="margin-left: 10px;">CUSTOMER NO. 25225</div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|-------------------------|----------|--------|
| Firm Name | MORRISON & FOERSTER LLP | | |
| Signature | /Kate H. Murashige/ | | |
| Printed name | Kate H. Murashige | | |
| Date | January 28, 2008 | Reg. No. | 29,959 |